
Chapter 5: Pennsylvania

The case study of Title V in Pennsylvania, which focuses on the national evaluation communities of Fayette and Northampton Counties, presents both successes and challenges in the implementation of the Title V model. Strong state- and local-level support, community collaboration, and commitment to the Title V model were key factors in success, although difficulties in planning and evaluation resulted in significant challenges.

The first section of this case study presents and discusses state support for Title V from 1998 to 2002. The next sections present and discuss the Title V initiatives in Fayette and Northampton Counties from 1998 to 2002. The last section presents concluding remarks on Title V in Pennsylvania.

This presentation is based on four primary data sources from each community throughout its participation in the national evaluation: stakeholder interviews, in person and via telephone; a review of Pennsylvania's Title V documentation, including the request for proposals and the community grant applications; a review of Fayette's and Northampton's Title V documentation, including the grant applications, quarterly progress reports, and prevention policy board meeting minutes; and a review of the federal Title V guidelines and documentation. In addition, the case study includes the evaluation team's interpretation of the case study data that represents Caliber's experience of working with all 11 national evaluation communities during the multiyear implementation of the evaluation.

State Support for Title V

Based on Pennsylvania's juvenile population, a factor that determines the amount of Title V funds allocated to each state, Pennsylvania has been eligible to receive funds ranging from \$538,000 to \$1,523,000 each year. The Pennsylvania Commission on Crime and Delinquency, the implementing state agency in Pennsylvania, chooses to support communities with sizable grant awards; these awards have ranged from \$5,927 to \$95,850. From the beginning of Title V in 1994 through 2002, Pennsylvania funded 91 Title V communities.

Pennsylvania's Title V initiative is based on the Communities That Care curriculum for juvenile delinquency prevention efforts. Title V is generally viewed as the funding mechanism for implementing Communities That Care principles and strategies in communities across the state. Since the state and the communities identify their work as Communities That Care rather than Title V, "CTC" or "Title V/CTC" will be used in this chapter when referring to the state and community initiatives.

The Pennsylvania Commission on Crime and Delinquency has provided strong support for Title V/CTC efforts in Pennsylvania through its use of state funds for planning grants, training, technical assistance, and access to data for use in assessments. The agency also has demonstrated commitment to Title V and CTC principles evidenced by its requirements for community members' participation in training, submission of comprehensive assessments and delinquency prevention plans, and other key components of Title V and Communities That Care. The primary challenge for the commission has been in the area of evaluation. The successes achieved by Title V/CTC communities in their implementation and outcomes closely aligns with these strengths and challenges.

The two Pennsylvania communities selected to participate in the Title V national evaluation were Uniontown in Fayette County and Easton in Northampton County. These communities each received a planning grant and 3 years of funding. They each implemented broad-based delinquency prevention initiatives centered on a project director or community mobilizer who coordinated all aspects of the community's efforts, including management of the prevention policy board, assessment and planning, implementation of specific strategies, support and coordination of existing strategies, and evaluation. These communities had varied levels of success in their efforts, but generally understood and were committed to the Communities That Care principles.

Pennsylvania's Granting Process

The Pennsylvania Commission on Crime and Delinquency is the state agency responsible for coordinating Title V grant activities in the state. The commission, a body of the Governor's Executive Office, serves as "a catalyst for the prevention and reduction of crime and delinquency . . . and . . . strives to effect improvements in the criminal and juvenile justice systems."

Each fiscal year, the commission sends to all eligible units of local government a letter of invitation to participate, pre-grant, in a series of three training sessions. These sessions are based on the Communities That Care curriculum for delinquency prevention planning and include key leader orientation, risk and resource assessment, and promising approaches. To be selected for participation in the trainings, the commission requires interested communities to submit a letter committing themselves to:

- ❖ Send five appropriate community representatives to each of three training sessions.
- ❖ Complete a risk and resource assessment.
- ❖ Develop a comprehensive 3-year delinquency prevention plan within 3 months of completing the training.

An interdepartmental team reviews applications to participate in pre-grant training and selects those that meet the internal "readiness" criteria. Once they are selected, the commission requires those communities to send representatives to all three training sessions. At the end of the training series, communities have 45 days to complete and submit 3-year comprehensive community-based delinquency prevention plans—their Title V grant applications.

All Title V applications are reviewed by both staff from the Pennsylvania Commission on Crime and Delinquency and members of the Prevention Subcommittee of the Juvenile Advisory Committee, which serves as the Pennsylvania State Advisory Group. Commission staff and Prevention Subcommittee members present their recommendations to the full Juvenile Advisory Committee, which then votes whether or not to fund the application. Representatives from the applicant community are invited to attend the meeting at which their application will be discussed.

Grants are awarded on a 12-month fiscal cycle, though Title V communities are guaranteed 3 full years of funding as long as they meet quarterly and annual state evaluation and monitoring requirements, including implementation and budget reports.

Training and Technical Assistance

Pennsylvania's Title V grant activities are based on the Communities That Care risk and protective factor approach to delinquency prevention. The Pennsylvania Commission on Crime and Delinquency requires that key community members participate in the three-stage Communities That Care training series—key leader orientation, risk and resource assessment, and promising approaches—before they submit a grant application and that they integrate the basic Communities That Care principles into their grant applications. To provide continuity, at least one person attending each session must be the same person. These trainings are also available to prevention policy board staff and members who join in the process during a community's implementation phase.

When the Office of Juvenile Justice and Delinquency Prevention transferred the Title V training contract from Developmental Research and Programs, Inc., which provided the Communities That Care trainings, to Developmental Services Group in July 2000, the Pennsylvania Commission on Crime and Delinquency decided to remain committed to the Communities That Care model and began using state funds to continue providing the trainings to its Title V applicants.

In addition to funding training, the commission uses its own funds to contract with Shippensburg University's Center for Juvenile Justice Training and Research to provide planning, implementation, and evaluation technical assistance and training. The center also facilitates opportunities for networking among Pennsylvania's Title V/CTC communities. Technical assistance is available at numerous points:

- ❖ Communities that have submitted applications to participate in the pre-grant trainings and have been deemed “not ready” (e.g., they may not have the people or resources in place to follow through on the commitment to attend training or conduct a risk and resource assessment) can receive technical assistance to enable them to begin this process.
- ❖ Communities that have begun the training sessions and are struggling to develop their comprehensive plans can receive technical assistance to accomplish this.
- ❖ Communities that have received funding can receive technical assistance related to implementation of prevention strategies.

In past years, the technical assistance and networking opportunities were conducted on a statewide level. In 2000, the number of communities had grown to the point that statewide conferences were unwieldy. Consequently, five regions were formed within the state, and the center is responsible for coordinating these regional networking efforts and providing technical assistance to each region. New full-time technical assistance providers were hired so technical assistance could be provided on an individual basis to communities within each region.

Evaluation

Pennsylvania's Title V request for proposals requires applicants to present project objectives, strategies intended to accomplish those objectives, and expected results or impacts. Quarterly reports are designed for applicants to indicate expected and actual measurements for each “anticipated impact.” Little guidance or instruction is provided beyond this.

To assist Title V and non-Title V communities in completing requisite needs assessment and evaluation activities, the Pennsylvania Commission on Crime and Delinquency supports the following two activities:

- ❖ ***Electronic Juvenile Justice Data Book***: an electronic source of county and state data covering a variety of areas related to children, youth, and families. The *Data Book* is funded with state and federal sources and is available to assist communities in conducting data-driven risk and resource assessments and local program evaluation.
- ❖ **State-sponsored, state-level evaluation**: an evaluation conducted by Pennsylvania State University to document and assess the Communities That Care process in Title V communities across the state.

Other State Factors

The Pennsylvania Commission on Crime and Delinquency sets aside state funds specifically to support the Title V planning efforts of communities. All communities that have completed the first training session are eligible to receive a one-time planning grant. Between 1994 and 1999, planning grants ranged from \$15,000 to \$25,000. In 2000, Pennsylvania began offering new Title V communities \$50,000 planning grants. These grants are provided so communities can hire a mobilizer to coordinate the development of the community's 3-year plan during the planning phase and to coordinate Title V-funded delinquency prevention activities during the implementation phase. This continuity is meant to streamline the planning and implementation processes for communities and reduce time needed for startup.

Interpretation

Overall, Pennsylvania's support of the Title V model is quite strong, as evidenced by its commitment of significant state resources to the Title V efforts and the conformance of its request for proposals and training guidance to Title V principles; however, it has been challenged in some areas.

The Pennsylvania Commission on Crime and Delinquency's requirement that teams from interested communities attend all three training sessions before submitting their Title V grant application is fully consistent with the Title V model's proposition that training may impact future phases of community prevention planning. Participation in the training ensures that all communities receive consistent information and guidance. State support for training is complemented by its support for technical assistance, which is made available to those who need help in any phase of the process. Furthermore, the state planning grants enable communities to hire community mobilizers who can guide the efforts of the prevention policy board in the mobilization, planning, and implementation stages.

The commission's request for proposals and training materials provide clear and thorough guidance in some areas, but are less thorough in others. For example, the request for proposals is very clear about the requirements for a prevention policy board's composition and its role in planning for Title V, but it is not as clear about the expectations for the board's role in the implementation and institutionalization phases of the initiative. The request for proposals and training materials also provide useful guidance for assessment and planning activities (such as explaining how to collect indicator data for risk factors), and the state's sponsorship of the *Electronic Juvenile Justice Data Book* is further evidence of its support for

these efforts; however, the materials are lacking in some areas. For example, the request for proposals does not clearly state that program goals and objectives must be realistic and measurable, and communities without much experience in evaluation may struggle with this. In addition, it does not provide sufficient guidance or requirements for the collection of data-based protective factors, although a definition of protective factors is offered and the training provides some guidance in collection of these data.

The commission's requirements regarding implementation include applicants' participation in the promising approaches training (which provides information about research-based strategies), but the commission does not require applicants to select such strategies for their Title V initiatives. It does, however, state that strategies must be designed to impact priority risk factors: "Specific projects proposed in the delinquency prevention plans must be designed to reduce the impact of delinquency risk factors identified by applicants via the risk factor assessment process."

Two of the weakest areas of Pennsylvania's support for Title V are evaluation and institutionalization. According to commission staff, program evaluation was not a state priority until 1998. The commission recognizes that evaluation is a challenge and was considering the addition of an evaluation component to the three-session Communities That Care training series. The request for proposals addresses the issue of institutionalization only to the extent that it requests applicants to discuss their plans for continuation funding beyond the Title V grant period. The commission does not request information beyond this nor provide guidance in strategies to sustain the initiatives.

Summary

Overall, Pennsylvania's support of the Title V model is very strong. However, its commitment is more to the Communities That Care approach specifically than to the Title V model, although the two are very similar. The state has dedicated numerous resources to the communities to assist them in being successful, and this support is evident in the implementation experiences of the communities that participated in the Title V national evaluation. A description of two communities' Title V initiatives follows.

Fayette County (Uniontown)

This case study documents the Title V process in Uniontown, Fayette County, from its initial planning for the Title V initiative in 1996 through its end in 2000. Key community members were committed to the Title V principles (although they identified with Communities That Care more than with Title V), and achieved most of their success in the community mobilization and assessment phases. Challenges in planning, implementation, and evaluation, however, resulted in the initiative's termination at the end of the Title V grant period.

This case study presentation begins with a brief community description and discussion of the role of Title V in Fayette County. It continues with presentations and discussions of the five stages of the Title V model as implemented in Fayette County: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data.

Brief Community Description

Fayette County lies in the southwest corner of Pennsylvania. The Title V target community is the Uniontown Area School District, which consists of the city of Uniontown and adjacent mountain and valley areas. Community members

describe the area as having all facets of socioeconomic conditions, from very rural poor families to very wealthy ones. They also talk about the lack of employment opportunities in the area, which is traced to the decline of coal mines in the early 1950s.

Fayette County (Uniontown)

Funding period: January 1998–December 2000

Amount of Title V funding: \$168,000

Unit of local government: Fayette County Office of the Commissioners

Lead agency: Fayette County Office of Human Services

In 2000, Uniontown had a population of 12,422 people, and Fayette County had a population of 148,644 people. In Uniontown, 84 percent of the residents are Caucasian, 14 percent are African American, and 2 percent are other races. The median age of Uniontown residents is 41 years; 21 percent are children. The median household income in Uniontown is \$19,477, significantly below Fayette County's median household income of \$27,451 and even further below Pennsylvania's median of \$40,106. Twenty-two percent of Uniontown families live below the poverty line.

Title V in Fayette County

In the grant application and in interviews with prevention policy board members, it was reported that Fayette County agencies had a history of strong collaboration due to necessity. Fayette County is a small community without many resources, and service providers had realized some time ago that no one could stand alone. Two examples of collaborative efforts in Fayette County that were in place at the start of the Title V initiative are:

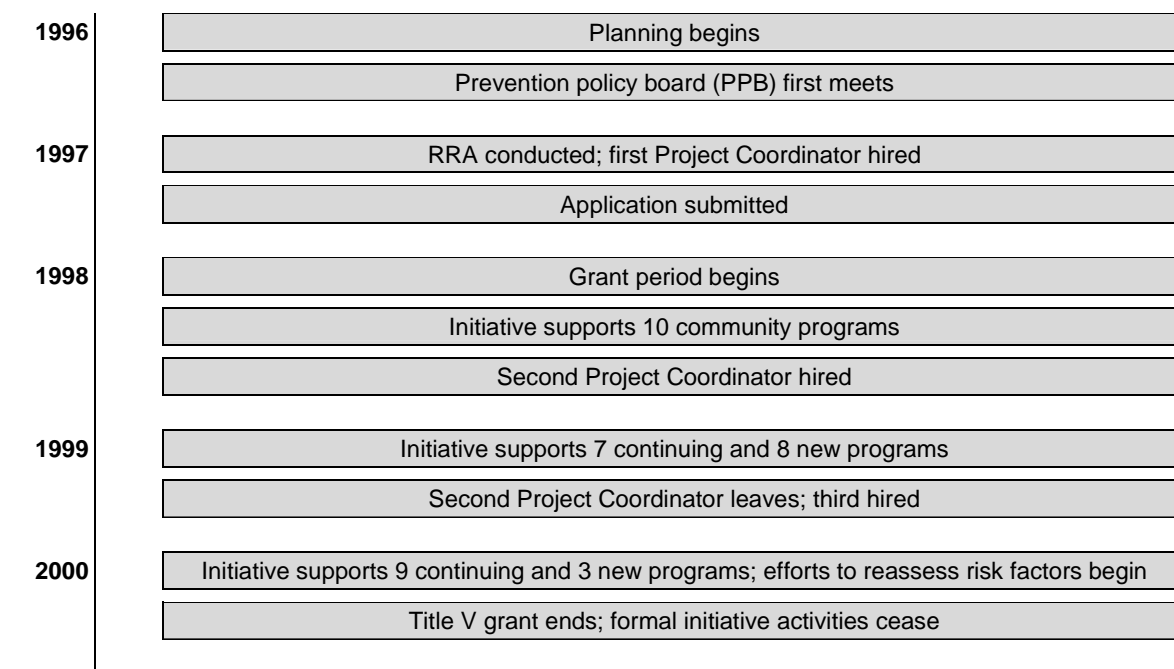
- ❖ **Family Services System Reform Collaborative Board:** a strong collaborative effort addressing social services delivery system reform.
- ❖ **Human Services Council:** a coalition representing more than 50 health and human services agencies in the county. Its mission is “to improve the quality and delivery of health, human, and education services in Fayette County; mobilizing community resources through partnerships with business, government, religious and community organizations.”

More than a dozen other collaborative efforts are briefly described in the grant application. These groups focus on issues such as crime, childcare, teen health, and spiritual/religious needs. Fayette County also seems to have a number of prevention programs addressing issues such as teen pregnancy and substance abuse. In addition, they have a number of “general” programs that may impact juvenile problem behaviors, including Boy Scouts, recreational activities, and job shadowing. Fayette County receives Safe and Drug-Free Schools funds.

Fayette County's Title V initiative is based on the Communities That Care risk and protective factor curriculum for delinquency prevention, as this is the curriculum the state has been promoting for some time. Leaders in Fayette County identify their initiative as “CTC,” and recognize Title V only as the funding source supporting implementation of Communities That Care principles and strategies. For this reason, Fayette County's Title V efforts will be referred to as “CTC” or “Title V/CTC” in this chapter.

Title V, or rather CTC, was the impetus for the community’s delinquency prevention strategy described here. A timeline of Fayette County’s Title V/CTC initiative is presented in figure 5.1.

Figure 5.1: Fayette County Timeline for the Title V Initiative



Community Mobilization and Collaboration

The process of community mobilization includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. A description of the process of community mobilization for the Title V/CTC initiative in Fayette County from 1996 through 2000 follows.

Introducing Community Prevention to Key Leaders

Planning for the Title V/CTC initiative began in 1996 when the Fayette County Planning Office initiated the process of preparing for an application for Title V funds. A decision was made that the Title V/CTC initiative would form its own board rather than join with an existing board so the group could more closely align itself with the expectations for a community delinquency prevention planning group.

Prevention Policy Board

The prevention policy board, known as the CTC Prevention Council, began meeting in March 1997 to prepare for receipt of the Title V grant. A project coordinator was hired with a \$25,000 state planning grant to facilitate the planning process. The coordinator, who worked for the planning office, worked closely with the Director of the Fayette County Office of Human Services in coordinating the early stages of the council and planning for the initiative. Council members were recruited from local public

and private human services agencies, schools, the faith community, juvenile services, other collaborative boards, and the community at large.

During the planning phase, key community leaders and members of the CTC Prevention Council attended the three-stage Title V/CTC training series to prepare for their Title V initiative. In the early months, the council discussed the functions of the board and its relationship with the Family Services Systems Reform Board. The council decided to remain separate, but connected to, the board so the council could focus solely on Title V/CTC. Members of the council also assisted in conducting the risk and resource assessment, creating a vision for the community, and planning for Title V/CTC activities. The CTC Prevention Council's vision for the community read "We vision Fayette County as a community with adults who have integrity, who are healthy, who possess necessary skills, who are motivated and who are resilient."

To organize its efforts, the CTC Prevention Council formed committees focusing on each of the three priority risk factors it had identified in the needs assessment—friends engaging in problem behavior, low neighborhood attachment and community disorganization, and family management problems/family conflict. Council members chaired these committees. The council itself was co-chaired by the project coordinator and one of the agency representatives. This structure remained intact throughout the Title V grant period.

The project coordinator was the staff person for the council, coordinating meetings, guiding the process, and carrying out the council's recommendations. Council members assisted in setting objectives regarding reducing risk factors. During the implementation phase, the council and its committees met regularly to provide guidance and oversight for the Title V/CTC initiative.

At the end of the Title V grant period, Fayette County had 29 active members on the CTC Prevention Council, many of whom had been active from the beginning. An emphasis of the Fayette County CTC initiative had been to encourage involvement of community members; five of the 29 active members were community representatives. The council's project coordinator went to some lengths to encourage community participation, such as scheduling meetings at times and places that were convenient for the members of the community. According to the coordinator,

It's important to have folks on there [the CTC Prevention Council] that are from the community and have ties only to the community, not necessarily a certain agency . . . I think it's necessary to begin to effect changes in norms and values in the community. This process can't be effective if the people living in the community don't work with it.

Stakeholders viewed the council as key to "spreading the [Communities That Care] message" throughout the community and human services delivery system. By engaging council members in the process and training them in the Communities That Care curriculum, it was hoped that they would carry their knowledge and enthusiasm back to their communities and agencies, serving as spokespeople for the initiative.

Community Prevention Training

Teams of council members participated in the three-stage Title V/CTC training required by the state during the planning process. The team sent to the Key Leader Orientation included two county commissioners, the director of the Fayette County Drug and Alcohol Commission, and the editor of the local newspaper. Project staff and council members who became active during the grant also participated in training. At the end of the first year (December 1998), 11 council members attended a local training entitled “CTC Risk and Protective Factor Focused Prevention.” Some council members also attended the risk and resource assessment training in February 2000.

Many people involved in the project felt that the Title V/CTC trainings were an important part of the process and wished they were more available at a local level to educate staff in local agencies with whom the council members were trying to work. Some people also expressed a desire for other trainings addressing such issues as strategic planning, grant writing, and group dynamics.

Factors That Influenced Community Mobilization and Collaboration

Fayette County’s efforts to mobilize its community were consistent with the Title V model. It successfully formed and sustained a communitywide prevention board and had particular success recruiting community members. CTC Prevention Council members did participate in training, and the council remained active in the Title V initiative throughout the grant period.

Council members noted a number of factors that facilitated the community mobilization process. These included a history of collaboration in the community, efforts made to recruit community members, and having council members who were committed to the model. Another facilitating factor was the complementary skills of the co-chairs: one was seen as skilled in visioning and the other in organizing and followthrough.

Although Fayette County experienced success in its community mobilization efforts, it acknowledged some challenges in the process. One challenge was turnover in council membership, but this was felt to be a normal part of group process. Turf issues were identified as another challenge. While a history of collaboration was noted as a facilitating factor, some members felt competitiveness among agencies was still a problem. One stakeholder stated the challenge in this way:

Possibly agencies [are] viewing CTC as another program as opposed to a process or a way of thinking Now there might be another agency out there or program out there that is vying for those funds. Sometimes [this] could be seen as a turf issue . . . so it’s been incumbent on me to make them understand that this is not a program; it’s a process. It’s a way of thinking and a way of doing business.

Another challenging factor that was identified relates to efforts to engage community members.

When someone from the community who has no agency affiliation, maybe a parent, enters into a room full of folks from agencies, they feel some sort of intimidation.... Maybe they feel like they are, their information is less important than what the people from the agencies can give. And that’s been a barrier for me to overcome, to make them

understand that their information and feedback is just as important as anything I can get from an agency. That's kind of why we brought the "We're Putting the Pieces Together" and "You Are a Piece of Fayette County." And we can't put that puzzle together unless we have every last piece.

In spite of these challenges, Fayette County's community mobilization and collaboration efforts were quite successful during their Title V grant period.

Initial Assessment and Planning

The assessment and planning phase includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. This section describes the assessment and planning activities for the Title V/CTC initiative in Fayette County in 1997.

Identifying Risk Factors, Resources, and Prevention Programs

The County's Planning Department conducted the Fayette County Communities That Care risk assessment in 1997. The CTC project coordinator led this effort and council members assisted in reviewing the data and selecting the priority risk factors.

Fayette County's risk assessment included archived data from many local human service agencies, census data, and other data from federal and state reports. In addition, graduate students at a local university conducted a survey of local youth. Indicators were gathered for all 19 risk factors identified in the Communities That Care curriculum. No data were gathered for protective factors, nor was a list of existing resources included in the assessment.

Based on the data from the risk assessment, three risk factors were selected as priorities to be addressed:

- ❖ **Family management problems/family conflict:** an increase in reported child abuse from 1994 to 1996; an increase in children living outside the family from 1994–95 to 1995–96; an increase in the divorce rate from 1991 to 1994; and an increase in domestic violence reports from 1991–92 to 1992–93.
- ❖ **Low neighborhood attachment and community disorganization:** a decrease in the voting population from 1988 to 1996 and a higher rental vacancy rate than neighboring Schuylkill County.
- ❖ **Friends engaging in problem behavior:** an increase in the number of adolescents in the juvenile system from 1994 to 1996; an increase in adolescent pregnancies from 1994 to 1995; a significantly higher rate of youth with sexually transmitted diseases than neighboring Schuylkill County; and an increase in adolescents in treatment from 1990–91 to 1992–93.

Developing a Comprehensive Prevention Plan

Fayette County's Title V application, which served as its comprehensive prevention plan, was based on the data gathered in the risk assessment. The CTC project coordinator and the Fayette County Office of

Human Services director worked together on the application and presented it to the CTC Prevention Council for approval. The application was submitted in the fall of 1997.

The Fayette County Title V application presents an “overall prevention plan strategy” to accomplish three goals:

- ❖ To increase family and community prosocial bonding and encourage healthy beliefs and clear standards of behavior while decreasing the incidence of community risk factors that may lead to adolescent problem behaviors.
- ❖ To implement the social development strategy as outlined in the Communities That Care curriculum for juvenile delinquency prevention.
- ❖ To identify additional funding/program resources.

The application also states:

The overall goal of this project is to increase community mobilization to reduce the risk factors of family management problems/family conflict, low community attachment and neighborhood disorganization, and friends engaging in problem behavior. We intend to increase the number of community-based organizations, to increase the membership of existing community-based organizations and to create communitywide norms and values against problem behaviors It is our intent to hire a full-time project coordinator . . . dedicated to help the CTC Council . . . to design, coordinate, implement and evaluate the mobilization effort as outlined in our CTC promising approach strategy.

In addition to the overall goals, the application details a fairly elaborate plan to address the three priority risk factors. Although not explicitly stated as such, the overall strategy of community mobilization and many of the specific activities described below seem to be based on promising approaches as described in the Communities That Care training manual of the same name. For each risk factor, the following were identified: strategies; target population; protective factors to be addressed; overall goal to be achieved; long, medium, and immediate outcomes; objectives; activities; timelines; agencies responsible; resources needed; and expected impacts. Summaries of the plans to address each of the priority risk factors are given below.

Family Management Problems/Family Conflict

Strategies planned to address the risk factor of family management problems/family conflict involved media campaigns and community mobilization. The target population was parents of children from birth to 18 years. The goal was “to increase the ability of families to competently manage daily, individual and family stress.” Fifteen activities aimed at accomplishing three objectives were identified. Some of the activities were:

- ❖ Work with early childhood education providers in the development of standards for positive behavior.

-
- ❖ Work with the Uniontown Area School District to reinforce standards for positive behavior and increase parental involvement with the schools.
 - ❖ Coordinate a long-term multimedia campaign to reinforce good parenting techniques and positive conflict resolution.

Some of the expected effects were 100 preschool and school-age children impacted by prevention activities; students' grades improve and school dropout rate decreases; parents report increased confidence in school situation; and 65 percent of the initiative's activities covered by local news media.

Low Neighborhood Attachment and Community Disorganization

The strategies planned to address the risk factor of low neighborhood attachment and community disorganization involved media mobilization and asset mapping. The target population was the community living within the Uniontown Area School District. The goal was "to promote community bonding and recognition of community resources." Twenty-four activities aimed at accomplishing four objectives were identified. Some of these planned activities were:

- ❖ Develop a comprehensive media campaign to support the Communities That Care approach.
- ❖ Educate and mobilize local communications media.
- ❖ Produce a communitywide Geographic Information Systems (GIS) asset map.
- ❖ Implement two recognition events per year to highlight outstanding efforts that support children and families in Fayette County.

Two of the expected impacts were a GIS planning map created and available for use in the county by 1999 and increased use of county resources/increased agency interaction with grassroots organizations.

Friends Engaging in Problem Behavior

Strategies to address the risk factor of friends engaging in problem behavior involved peacemaking and conflict resolution training and community opportunities. The target population was preschool and school-age children and youth. The goal was "to increase prosocial behaviors and attitudes in children and adolescents." Thirteen activities aimed at accomplishing two objectives were identified. Some of the planned activities were:

- ❖ Work with the Uniontown Area School District so every school will offer coordinated instruction in positive pro-social skills for children and parents.
- ❖ Work with the schools and community to offer unstructured opportunities for youth to practice the skills they have learned.

Some of the expected effects were students in the district will receive some formal prosocial skills education at least once per year; and the district will hold at least two events per year that employ student peer mediation and conflict resolution skills.

Factors That Influenced Initial Assessment and Planning

Fayette County's assessment and planning process was mostly consistent with the Title V model. They gathered and reported objective data on their community risks, prioritized their risk factors, and made plans to address them. Some areas, though, were not addressed or addressed only partially. For example, most of the strategies selected were not research-based. In addition, no data were gathered to document protective factors, but the plan did identify protective factors that strategies were intended to address. Finally, no comprehensive listing of existing resources was provided.

Community stakeholders identified the primary facilitating factor in this process as the assistance of the graduate students from the local university. The primary challenging factor identified was the inconsistency in how data were reported across agencies. Stakeholders felt that this problem likely emanated from the state level where each department requests data in different ways.

Implementation of Prevention Strategies

The implementation of prevention strategies includes initiating prevention services and activities and identifying and leveraging other resources for prevention. The remainder of this section describes the implementation process for the Title V/CTC initiative in Fayette County from 1998 through 2000.

Fayette County was awarded a 3-year Title V grant from January 1998 through December 2000. It was awarded \$168,000 in grant funds, which was matched by \$138,329 in local contributions for a total budget of \$306,329. The Fayette County Office of the Commissioners was the official applicant and the Fayette County Office of Human Services was the lead agency. In Fayette County, the initiative funded by Title V was identified as the Communities That Care initiative. It did not identify with the term "Title V."

Implementation of this initiative centered around the project coordinator. The first project coordinator, who had worked for the planning office, left the position in November 1997 shortly after the grant application had been submitted. At this time, the director of the Fayette County Office of Human Services, who had worked closely with the coordinator, assumed lead efforts and supervised the subsequent coordinators. A second coordinator was hired and held the position from April 1998 to February 1999. A third coordinator was hired at that time and held the position for the remainder of the grant period, through December 2000.

Implementation of Fayette County's Title V/CTC initiative was loosely related to the plans discussed in the grant application. As stated in the plan, the coordinators attempted to mobilize community members and implement some of the identified strategies, but many of the strategies were not implemented while other, new opportunities were embraced.

Activities

One project coordinator described the initiative as an effort to incorporate Communities That Care concepts throughout the human services agencies and communities in Fayette County. The coordinator engaged in many activities to accomplish this, including board management, promoting collaboration, coordinating programs, program-related activities, public relations, and evaluation. Most of these activities were carried out with the advice and assistance of members of the CTC Prevention Council. Below is a summary of each of these activities.

Board Management

For the CTC Prevention Council, the project coordinator recruited members, convened and facilitated meetings, prepared agendas and meeting minutes, and communicated with members between meetings. The coordinator occasionally attended committee meetings, but was not responsible for managing them. The coordinator often led the council meetings, providing updates to council members on initiative activities.

Promoting Collaboration

Promoting collaboration among agencies was seen as a central responsibility of the project coordinator. Human services agency representatives often called the coordinator when they were considering starting a new program, and the coordinator shared her knowledge of existing resources and needs that might affect that agency's course of action. To keep updated on knowledge and current relationships, the coordinator was active in a number of collaborative efforts. These included the Human Services Council, of which the coordinator was chair of the Community Outreach Committee and a member of the Special Activities and Research and Development Committees, and the Community Health Improvement Partnership, of which the coordinator was a member of the board and the Perinatal Task Force. Other boards of which the coordinator was a member included the Fayette County Partnership for Housing and Homelessness, the Child Care Planning Committee, the Family Services System Reform Collaborative Board, the Fayette County Children's Trust, and the Safe Kids Coalition. All of the projects supported by the Title V/CTC initiative were based on collaborative efforts.

Program Coordination

A large part of the coordinators' efforts in this area centered around mapping the county's resources using GIS software. A survey had been designed and much information had been gathered about agency services. This information was shared with others, but they were never able to get the resources needed to develop GIS maps of these services. The coordinator also assisted in a resource assessment conducted by the Human Service Council and the Workforce Improvement Board.

Program Activities

The project coordinators assisted with at least 22 programs and projects, some of which were connected to strategies identified in the plan, and some of which were not. The project coordinator's rationale for involvement in these activities included opportunities to educate groups and agencies about Communities That Care principles and social development strategy, to promote collaboration among

groups and agencies, and to promote healthy behaviors in the community. Project coordinators helped plan, develop, and implement various program activities, including:

- ❖ Designing and carrying out recognition events for community members and groups who had promoted community attachment or clear and acceptable standards of behavior and had demonstrated extraordinary commitment to their communities.
- ❖ Coordinating Family Fun Fests in which the coordinator collaborated with numerous agencies to obtain resources and staff support for communitywide, 1-day events designed to provide fun activities for children and families, and offer educational materials about important issues and services.
- ❖ Planning events for Red Ribbon Celebration weeks (a substance abuse prevention campaign) and sponsoring a Communities That Care booth during the Red Ribbon parade. The Red Ribbon celebrations were the result of collaboration among Title V/CTC, the Fayette County Drug and Alcohol Commission, the Boy Scouts of America, the Uniontown Mall, Students Against Drunk Driving, and others.
- ❖ Designing and coordinating Project Brotherhood, which sponsored field trips for groups of low-income children from the East End Community Center to the Bruderhof (a local religious organization located on a farm) for cultural enrichment activities. This project was the result of collaboration among CTC, the East End United Community Center, and the New Meadow Run Bruderhof.
- ❖ Assisting the East End Community Center in establishing a neighborhood association.
- ❖ Working with the Crime Victims Center and the Family Services Systems Reform Collaborative Board to develop videos with positive parenting messages.
- ❖ Purchasing uniforms for a local Boy Scout troop which consisted of low-income neighborhood children.

Public Relations

The project coordinator assisted with a media campaign to promote Communities That Care and a “healthy decisions” message. The coordinator created and distributed brochures at numerous community events. The coordinator also conducted numerous speaking engagements about Communities That Care to community groups and assisted with publicizing many of the Title V/CTC-related projects, such as the Family Fun Fests and the Red Ribbon Celebrations.

Evaluation

The project coordinator assisted with designing and carrying out evaluation plans for a number of projects, including the Family Fun Fests, the Fayette County Drug and Alcohol Commission’s afterschool programs, and the Wesley Church Health Center. The coordinator also led the CTC Prevention Council’s efforts to establish “outcome statements” for reducing juvenile problem behaviors.

As is evident, the Title V/CTC initiative became a part of many local prevention efforts, some of which were not identified in the original plan. One project coordinator wanted to help where possible with initiatives that served youth and families in Fayette County and did not limit Title V/CTC's involvement to programs that addressed the identified risk factors. Not all efforts were successful, though. For example, two of the originally planned strategies were not accomplished. Efforts to conduct GIS mapping of needs, assets, and programs suffered from a lack of resources to train staff in using the software, and efforts to work with the schools to implement a character education campaign met with a lack of interest from the schools.

A priority for one project coordinator was infusing Title V/CTC principles throughout Fayette County human services agencies. The coordinator wanted the agencies to buy into the concepts and incorporate them into their planning and programming. "The more education that we can do around the social development strategy and getting agencies or community organizations to structure their programming around protective factors, the more success we're going to have."

Identifying and Leveraging Other Resources for Prevention

Matching funds for the Title V grant were provided primarily by the lead agency, the Fayette County Office of Human Services. Other sources of matching funds for programs include the Family Services System Reform Collaborative Board, the Head Start state collaborative project, the Uniontown Area School District, and volunteers.

Factors Influencing Implementation of Prevention Strategies

Although the ideas behind Fayette County's Title V/CTC strategies were consistent with the Title V model, their implementation did not fulfill all expectations. Fayette County chose to support and strengthen existing agencies' prevention efforts and infuse the Title V/CTC ideals into them. While there was some success with these efforts, there was not as much as had been hoped for. Stakeholders mentioned a number of factors that facilitated their efforts:

- ❖ One was the training and technical assistance provided by the state. The initiative benefited from having training available during the implementation phase for the project coordinators as they came on board. Training for the council members helped them understand the model and be supportive of the CTC coordinator's efforts.
- ❖ Another facilitating factor was the existence of numerous other collaborative groups, which enabled the project coordinator to more easily learn about existing services and discover opportunities for further collaboration.
- ❖ A third facilitating factor was that the project coordinator was housed in the Office of Human Services which was seen as a neutral agency. In addition, the Office of Human Services was able to provide needed support such as office space and administrative assistance to the project coordinator and Title V/CTC.

A number of challenging factors were discussed by project coordinators and Council members. One was the desire to "be all things to all people" and the difficulty in staying focused. A second was continuing

competition among some groups—a lack of cooperation in planning for community services and setting outcomes. Finally, a third challenge was the need for extensive “groundwork” to be laid for agencies to really understand and embrace the Title V/CTC model. Stakeholders felt that the model is somewhat complex. One stakeholder felt that early efforts did not adequately emphasize Communities That Care and the social development strategy as tools that agencies could use; progress was hampered by the time and effort needed to do this late in the grant period.

Monitoring and Evaluation

Monitoring and evaluation activities include conducting an evaluation of prevention strategies and the whole initiative and reassessing community indicators. These activities for the Title V/CTC initiative in Fayette County from 1998 through 2000 are described below. There were no data discussing community members’ perspectives of factors influencing their evaluation and monitoring activities.

Although the project coordinator expressed strong commitment to evaluation, few of the Title V/CTC programs were evaluated, and no systematic evaluation of the entire initiative was conducted. The CTC Prevention Council was minimally involved in evaluation activities.

Monitoring and Evaluating Program Activities

The primary focus of Fayette County’s Title V/CTC initiative was system-level change such as greater use of Communities That Care principles in program planning. No systematic evaluation of these efforts was conducted. The quarterly reports submitted to the state primarily presented information about various programs the initiative was supporting. Few program evaluations were attempted; those that were consisted primarily of process data. For example, a survey was conducted of Family Fun Fest participants that asked them to rate various aspects of the event such as location, hours, and activities. All areas were rated “very good.”

Ongoing Assessment

In February 2000 (during the third year of implementation), the project coordinator began the process of updating the community’s risk assessment with the assistance of CTC Prevention Council members, but this was not completed. The coordinator led the council members in efforts to set outcome statements related to the five juvenile problem behaviors (as identified in the Communities That Care curriculum)—substance abuse, violence, teen pregnancy, delinquency, and school dropout. They wished to reduce the indicators of these problem behaviors by 25 percent by the year 2015. Meeting minutes indicate that discussions were held about gathering indicator data to set baseline measurements, but there is no evidence that this occurred before the end of the grant period.

Community-Reported Impacts

Although no systematic evaluation of Fayette County’s Title V/CTC initiative was conducted locally, interviews with stakeholders provide some evidence of its perceived accomplishments. Some stakeholders felt that the community mobilization process resulted in more community members and agencies embracing Communities That Care principles and encouraging others to do so. One stakeholder also mentioned that the risk assessment and comprehensive plan served some valuable purposes: The

assessment provided stakeholders with objective data about what the problems were, and this enabled them to prioritize the problems. In turn, they were able to focus efforts on plans to address those problems and use the data to justify grant requests. Another stakeholder mentioned, though, that the data have not been used as widely by area agencies in program planning efforts as had been hoped.

One stakeholder mentioned that having a coordinator allowed for more far-reaching impacts than operating a single program would have because the coordinator was successful in incorporating Communities That Care principles into many different segments of the community. For example, the East End Community Center began focusing on protective factors in its work with children and the Crime Victims Center began focusing more on evaluation in its program planning efforts. Another stakeholder mentioned that the initiative helped reduce duplication of services. Finally, a third stakeholder was seeing much more collaboration among agencies as a result of this initiative; agencies are working together to meet common needs. One person mentioned that the most important change seen as a result of Title V/CTC is “. . . recognition that there is a method to approaching social problems We see our various social service agencies, our community groups, adopting the strategy as a means to an end. There’s a method. It’s not a haphazard approach.”

Institutionalization

Institutionalization of prevention efforts includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies beyond the Title V grant. Fayette County’s experiences with institutionalization during 2001, the first year after the termination of their Title V grant, is described below.

Although the Fayette County Title V/CTC initiative did not continue in a formal way beyond the grant period, efforts continue to infuse the Communities That Care principles into existing agencies and programs.

The CTC Prevention Council did not continue to meet beyond the Title V grant period. There had been plans for the group to continue functioning and to be involved in communitywide needs assessment and planning. There also had been discussions of the group joining with other community boards, but neither of these occurred. Stakeholders attributed the demise of the council to the loss of the project coordinator: the position was not continued due to a lack of funding.

One stakeholder believed council members would join other community boards and represent the Communities That Care perspective in those groups. The stakeholder stated, “I think we’re going to see a natural kind of evolution there. You know, these folks have come together. They’ve learned all these strategies. They see it working. And then they in turn are going to take the message to the various groups that they have membership in.”

The plan for continuing the program coordinator’s position involved soliciting contracts with local agencies to have the coordinator written into grant applications as a project evaluator and/or planning consultant. By the end of the Title V grant period, at least one agency, the Crime Victims Center, had written Communities That Care into some grant applications to consult on program evaluation, and discussions had been held with other agencies.

When the Title V grant ended, the Title V/CTC project coordinator was hired to work for the Office of Human Services in another capacity (the office had employed her as the CTC coordinator). Although both the coordinator and the Office of Human Services director (who had been involved with Title V from the beginning) were committed to the Title V/CTC model, insufficient funds were available to continue the work of the initiative, and the former project coordinator became subsumed with her new job responsibilities.

Although no longer the project coordinator, the person formerly holding this position has attempted to continue some of the work begun during the Title V grant period. She has continued to participate in numerous community coalition meetings such as the Children's Health Initiative Partnership, Human Services Council, and Family Services System Reform Collaborative Board (which has maintained a board seat for Title V/CTC); and she interjects Communities That Care ideals into her contributions to these groups. She also began work with Fayette County Children's Partnership to assist in using Communities That Care principles in its community grant-making efforts.

Of the projects supported or sponsored by Title V/CTC, few have continued. Two that have continued are the Project Brotherhood program and other East End United Community Center projects. Big Brothers Big Sisters, which the Title V/CTC coordinator helped introduce to Fayette County, began serving youth in the county; the local chapter partnered with the nearby Westmoreland County chapter to do this.

The former Title V/CTC coordinator reported that a number of agencies are now using the components of the Communities That Care curriculum in their regular programming efforts. These include the Crime Victims Center, the Drug and Alcohol Commission, the East End United Community Center, the Juvenile Probation Office, the Healthy Start Program, and the Office of Human Services. Use of the Communities That Care curriculum may include using a community board to help design or oversee the programs, gathering data and identifying risk factors, targeting programs to identified needs, identifying outcomes, and conducting program evaluations.

No specific assessment or evaluation activities have continued beyond the Title V grant period. Stakeholders had hoped to have the CTC Prevention Council update the risk assessment for use in grant opportunities and also had discussed approaching the Family Services System Reform Collaborative Board about purchasing the Communities That Care survey, but none of these activities have occurred.

Although the Title V initiative itself has not continued, the commitment of one of the former project coordinators has kept the ideals of the model flowing among community agencies, and a number of agencies continue to use strategies they learned during the grant period. The former coordinator has become a central person in Fayette County's social services system and continues to educate and encourage others to use Communities That Care principles in their planning and program efforts. The coordinator stated that "my full belief in the process has made me want to do it on a volunteer basis until we can build it to the point where it can sustain a staff." However, even with this level of commitment, it appears that only a few notable activities have continued.

Clearly, the most significant challenge to institutionalizing the initiative was the lack of continuation funding that resulted in the loss of the coordinator's position. As much of the initiative was based on this person's work, it is not surprising that other aspects of the initiative were unable to continue without the

support and guidance of a central person. For example, stakeholders clearly stated that loss of the CTC Prevention Council was due to the loss of the project coordinator who coordinated and facilitated the council's work.

The former project coordinator stated that two reasons for the lack of success in institutionalizing the initiative were turnover in the coordinator's position and a lack of planning.

Institutionalizing this process, in my mind, should have started from year one . . . I really wish I had had the full 3 years not to have to worry about finding alternative funding and finding a way to institutionalize it. Because I think if it had been done differently from the beginning, that would have taken care of itself . . . by the time I got the training and had a full view of what it was I needed to do or what this community needed me to do, the time was up.

Interpretation

Examining Fayette County's approaches to implementing the Title V/CTC initiative reveals both successes and challenges, and the factors influencing each. Overall, the project coordinators, who were the key staff of the initiative, displayed considerable commitment to the model and were key factors in the successes the initiative did experience. However, the coordinators experienced significant challenges in almost all phases of the initiative and ultimately were not able to institutionalize it the way they had hoped.

During the grant period, one of the areas of greatest success for the Title V initiative involved community mobilization. A representative, community-based prevention board was formed and sustained. Significant efforts were made to include community members, and these efforts proved successful. The CTC Prevention Council remained active during the initiative, providing input and support for the project coordinator's activities. Council members also carried the "message" back to their own agencies and communities. But the council relied heavily on the project coordinator, and it did not continue beyond the grant period without a coordinator to guide it.

The initiative's assessment and planning activities were mostly consistent with the Title V model. The council conducted a data-based comprehensive risk assessment and developed a plan to address the priority risk factors. The risk assessment was commendable in that it contained objective data for indicators on all 19 risk factors as identified in the Communities That Care curriculum. A significant challenge, though, was that the plan was too ambitious. Among the three priority risk factors, there were nine objectives and 52 proposed activities. In addition, most of the strategies selected were not based on promising programs; they were uniquely designed strategies that would require significant efforts to refine and implement. In reviewing the plan, it seems impossible for a community to have implemented it as stated with the resources that were available.

In fact, the focus of implementation seemed to be quite different from the plan laid out in the grant application. Although some efforts were made to implement many of the planned strategies, the project coordinators also directed much of their attention on diffusing the Communities That Care principles and social development strategy throughout local human services agencies and community groups.

While this is admirable, it was not approached in an organized fashion and was, therefore, challenging to document, evaluate, and sustain.

In the end, there were some successes in diffusing Communities That Care principles throughout the community. Interviews with stakeholders indicate that some agencies embraced concepts such as targeting programs to protective factors and evaluating program effectiveness. But it also seems that time ran out for this community, and without the project coordinator to guide the efforts, it is not known how firmly or how widespread these concepts were embedded.

One factor hindering the efforts to diffuse the model was the turnover in project coordinators. Perhaps if one person had held the position from beginning to end, these efforts would have resulted in more success. Another hindering factor may have been a lack of focus. One project coordinator supported many programs serving youth and families in the county that seemed to be worthwhile without regard to their anticipated impact on the priority risk factors. This resulted in a fragmented approach to service delivery that ultimately bore little resemblance to the original plan.

The fragmented approach also proved challenging to evaluate. Although the former project coordinator expresses strong commitment to evaluation, few attempts were made to evaluate Title V/CTC-supported programs and none of the overall initiative. As a result, it is unknown if these programs may actually have had meaningful outcomes; nor is it known how successful the project coordinator's efforts were to diffuse Communities That Care principles and the social development strategy among community agencies.

Two factors emerge as influencing the lack of success in evaluation. Although the former project coordinator believes strongly in evaluation, she may lack the necessary knowledge and skills to implement such activities may have been lacking. In addition, it appears the state was not requiring evaluation as the project was continued for its full 3 years without reporting meaningful evaluation results.

Another major challenge for Fayette County's Title V/CTC initiative was institutionalization, which was ultimately unsuccessful, for the most part. The primary factor appears to be the loss of the project coordinator position on which the initiative was based. Without this foundation, almost none of the key activities continued.

Summary

Although the Fayette County Title V/CTC initiative experienced a number of significant challenges, it had true commitment to and passion for the Communities That Care principles of effective delinquency prevention approaches. It wanted to ingrain the Communities That Care concepts communitywide and achieve lasting change in the community's delinquency prevention planning efforts. Many of Fayette County's successes were in the community mobilization and assessment activities, both of which conformed to the Title V model. However, an overly ambitious plan, unfocused implementation, and lack of meaningful evaluation resulted in the end of the initiative when Title V funds ran out. Although the prevention policy board and the initiative are no longer active, some evidence exists that the Communities That Care concepts have been adopted by some area agencies, and therein lies some promise of achieving a lasting impact.

Northampton County (Easton)

This case study documents the Title V initiative in Easton, Northampton County, from its initial planning in 1996 through the end of its Title V initiative in 2001. The Title V initiative in Northampton County achieved success in each stage of the Title V model, particularly in terms of assessment, planning, and implementation.

Northampton County (Easton)

Funding period: February 1998–January 2001

Amount of Title V funding: \$179,365

Unit of local government: City of Easton

Lead agency: ProJeCt of Easton

The presentation begins with a brief community description and discussion of the role of Title V in Northampton County. It continues with presentations and discussions of the five stages of the Title V model as implemented in Northampton County: community mobilization and collaboration, initial assessment and planning, implementation of prevention strategies, monitoring and evaluation, and institutionalization. It concludes with the evaluation team's interpretation of the data.

Brief Community Description

The city of Easton, in Northampton County, lies 90 minutes north of Philadelphia in the Lehigh Valley. Easton is home to Lafayette College and Binney and Smith, the makers of Crayola products.

In 2000, Easton had a total population of 26,263 residents, approximately the same number as in 1990. The racial breakdown of city residents indicates that 78 percent are Caucasian, 13 percent are African American, and 9 percent are other races. These figures represent a 9-percent reduction in the proportion that are Caucasian and a corresponding increase in the proportion that are minorities from the 1990 census data. The median age of Easton residents is 32; 23 percent of the population are children. The median household income is \$33,162; this is lower than the median household income for Northampton County (\$45,234) and the state of Pennsylvania (\$40,106). Eighteen percent of families with children live in poverty.

Interviews with community members provided insight into their perspective of the Easton community. Easton's proximity to New York City and Philadelphia was seen as a strength in terms of employment and cultural and educational opportunities, but its location between the two cities also is seen as contributing to Easton's drug problems. Other reported problems include shootings, teen pregnancy, illiteracy, truancy, poor parenting, and not enough quality childcare. However, people felt that Easton residents care about and look out for each other; the Block Watch program, for example, is strong. One resident said that a strength of Easton is that it is a small, enclosed community that can't grow because of geographical boundaries; this helps Easton to remain a manageable size.

Title V in Northampton County

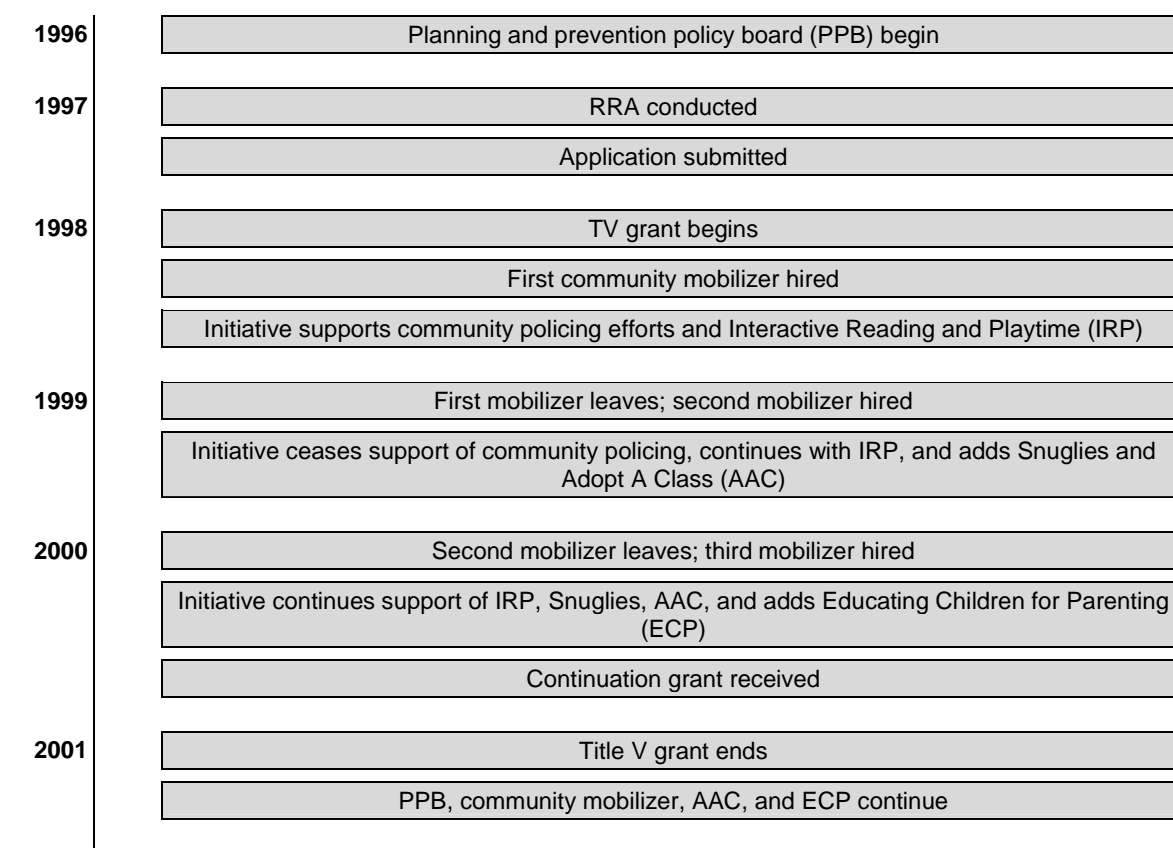
Easton had had many years of experience with prevention programming and collaboration before the introduction of Title V. Its grant application lists almost 80 prevention programs addressing issues such as substance abuse, delinquency, and teen pregnancy. In addition, nine collaborative groups were active

at the time of their Title V grant application, focusing on issues such as empowering children, empowering neighborhoods, and preventing substance abuse and teen pregnancy.

In spite of the number of active collaborative groups, interviews with prevention policy board members revealed that many felt Easton human services agencies had a history of competition rather than collaboration. Many spoke of long-standing “turf battles” among agencies that prevented any real progress toward collaborative ventures.

Northampton County’s Title V initiative is based on the Communities That Care approach to delinquency prevention, as this is the strategy that the state has been promoting for some time. Leaders in Easton identify their initiative as “CTC,” and only recognize Title V as the funding source supporting implementation of Communities That Care principles and strategies. For this reason, Easton’s Title V efforts will be referred to as “CTC” or “Title V/CTC.” Title V, or rather Communities That Care, was the impetus for the community’s delinquency prevention strategy. A timeline of Northampton County’s Title V initiative is presented in figure 5.2.

Figure 5.2: Northampton County Timeline for the Title V Initiative



Community Mobilization and Collaboration

The process of community mobilization includes introducing community prevention to key leaders, forming a prevention policy board, and participating in prevention training. The process of community mobilization for the Title V/CTC initiative in Northampton County from 1996 through 2000 is described below.

Introducing Community Prevention to Key Leaders

A number of community collaborative groups existed in Easton at the time it learned about the Title V opportunity. One of these groups was the Pro-Kids Alliance of Easton, an informal group of children's service agencies sponsored by the wife of the Lafayette College president. The director of the ProJeCt of Easton, a member of the Pro-Kids Alliance, introduced the Title V opportunity to the group in mid-1996 and solicited support. From this effort arose Easton's Title V initiative.

Prevention Policy Board

In Easton, the prevention policy board is known as the Northampton County Communities That Care Prevention Board. The board came into existence in 1996 in order to undertake the Title V process. Key community leaders and prevention board members attended the three-stage Title V/CTC training series to prepare for the Title V initiative. A community mobilizer manages the board. This person is responsible for convening meetings, setting agendas, taking and distributing minutes, and maintaining contact with members between meetings. The overall structure and functions of the Title V/CTC prevention board are as follows:

- ❖ **The key leaders group.** This group consists of six members identified as leaders in the community, such as the school superintendent, the county executive, and a state representative. Although they do not meet regularly, these members are called on as needed.
- ❖ **The executive committee.** This group is composed of selected members of the prevention board, including all committee chairs. It provides overall policy guidance for the Communities That Care process, reviews and approves the initiative's budgets and quarterly reports, and sets agendas for prevention board meetings.
- ❖ **The prevention board.** This board consists of approximately 25 to 30 members, primarily public and private nonprofit service agency representatives. Other collaborative groups, the faith community, the police department, juvenile probation, the hospital, a local college, and youth are also represented. The board oversees all of the Title V/CTC programs, reviewing the program activities and offering suggestions. At the end of the third year, there were 29 active prevention board members; more than half of them had been involved in the board for the full 3 years.
- ❖ **Program committees.** Committees were formed for each program implemented. Each committee chair participates in the larger prevention board and the executive committee. In general, the committees propose ideas and provide guidance for program activities, and the community mobilizer coordinates the actual work.

The prevention board maintained the same structure and functions throughout the Title V grant period.

Community Prevention Training

In November 1996, a team of five key community leaders went to the Key Leader Orientation in Harrisburg, Pennsylvania. Teams of people were also sent to Risk and Resource Assessment and Promising Approaches trainings. Staff in the community mobilizer position have attended all three trainings as well. They have also participated in a series of trainings entitled “Training the Trainer,” a series of community organizer trainings, and a Search Institute training on the 40 assets.

Factors That Influenced Mobilization and Collaboration

Overall, prevention policy board members felt that Title V/CTC has been the first truly successful collaborative group in Easton. This group has sustained itself and seems to have achieved lasting, positive relationships among agencies whose staff participate. Although some members struggled to identify why this effort has succeeded when others have failed, others offered some insight.

Some stakeholders mentioned that a facilitating factor may have been the early training received by key community leaders that provided step-by-step guidance in how to conduct such an effort. Others discussed the timing as another facilitating factor. Before the onset of Title V/CTC, a local hospital had tried to convene a community collaborative group that was unsuccessful. Some members felt that people had been frustrated by this and were determined to do it right this time. Another factor identified as critical to the board’s success was the community mobilizer position. One stakeholder stated, “As far as having a mobilizer position, I think it’s been the very pin to holding the whole effort together I don’t think the board could have stayed together without a central person.” Finally, another facilitating factor may have been the structure of the group; having regular meetings with agendas and minutes provided a “sense of order” and continuity.

The primary challenging factor identified was the demand on board members’ time. One member stated “It’s hard for them to justify spending their time doing this when they have their own agencies to run, understandably so.” Although the board has continued its functions throughout the Title V grant period, there have been periods of more and periods of less momentum.

Initial Assessment and Planning

The assessment and planning phase includes conducting a community needs assessment and developing a comprehensive 3-year delinquency prevention plan. The assessment and planning activities for the Title V/CTC initiative in Northampton County during the planning phase in 1996 and 1997 are described below.

Planning for Title V and Communities That Care began in the late summer of 1996. Community teams attended the series of required trainings in late 1996 and early 1997. There they received information and manuals about the Communities That Care process. A planning grant of \$25,000 was requested and received for February through June of 1997. Meeting minutes from the planning period indicate that the prevention board focused on expanding the membership of the group, conducting a risk and resource assessment, and selecting strategies to implement.

Board members conducted the initial assessment and wrote the comprehensive plan—the Title V grant application—in 1997. They gathered data from child services agencies and incorporated data from the Easton Youth Survey to measure all 19 risk factors identified in the Title V model. Using these data, they selected a number of strategies to address unmet needs. The director of the ProJeCt of Easton, a local nonprofit human services agency, took the lead in the planning/grant writing process.

Identifying Risk Factors, Resources, and Prevention Programs

Based on data gathered during the assessment process, four risk factors were identified: availability of drugs, extreme economic deprivation, early initiation of problem behaviors, and family management problems. Two of these were selected as priority risk factors for the Title V initiative: early initiation of problem behaviors and family management problems.

Two of the indicators discussed in the risk and resource assessment for early initiation of problem behaviors were:

- ❖ The school dropout rate was 3.8 percent in the 1994–95 school year; this was the 13th highest rate out of 501 school districts in Pennsylvania.
- ❖ Seventeen youth ages 10–14 were arrested for violence and 4 for alcohol or other drug crimes in 1992.

The indicators discussed in the risk and resource assessment for family management problems included:

- ❖ A 13-percent increase in the number of out-of-home placements from 1990 through 1995.
- ❖ A total of 154 runaways in 1996.

In addition to identifying the priority risk factors using objective data, the board also listed existing programs addressing the issues and identified gaps in services based on geographical location of the services, demographics of the targeted populations, and the targeted domains (community, family, school, and individual/peer).

Developing a Comprehensive Prevention Plan

Easton’s Title V grant application served as its comprehensive prevention plan. The application proposed to hire a director to oversee the prevention efforts. Based on the data from the needs and resource assessment, strategies were then selected to address the unmet needs.

The strategies identified in the Title V grant application to address the risk factor of early initiation of problem behaviors were:

- ❖ **Peer tutoring**, for which the initiative intended to employ “America Reads” and expand existing peer tutoring opportunities to make the service available to all students in the Easton Area School District. This strategy is based on a promising approach.

-
- ❖ **Adopt A Class**, in which the services would be targeted to all fifth graders in the Easton Area School District. These services included wraparound services, involving students in tobacco compliance checks being conducted by the Coalition for a Smoke Free Valley, and other strategies to be developed. This strategy is loosely based on a promising approach.
 - ❖ **Opportunities for policymaking and monitoring**, which included developing a community awareness campaign to promote alternatives to child abuse, establishing “drug free” playground zones, and maintaining block watch groups.

The objectives for these strategies were to decrease early use of alcohol, tobacco, and other drugs; decrease the rate of early sexual activity; decrease the rate of early school dropout; and decrease the number of arrests of juveniles related to alcohol, other drugs, and violence.

The strategies selected to address the risk factor of family management problems were:

- ❖ **Snugglies**, which involves giving all mothers of newborns in the Easton area a softcloth baby carrier to enhance bonding between mother and child (a Promising Approach).
- ❖ **Teen parenting classes**, to teach parenting skills to adolescent parents.
- ❖ **Interactive Reading and Playtime**, which encourages parents to read and play with their children (based on a promising approach).
- ❖ **Educating Children for Parenting**, which teaches “young children the skills needed to be caring individuals and nurturing adults.”

The objectives for these strategies were to decrease the rate of child abuse and neglect; decrease the number of children living outside their families; and decrease the number of runaways.

Factors That Influenced Assessment and Planning

Overall, the Easton Title V/CTC initiative’s assessment and planning process was consistent with the Title V model. The initiative conducted a data-based needs assessment and listed existing resources available to meet identified needs. This information led to identification of priority risk factors that were not being adequately addressed, and selected strategies to address those factors.

A key facilitating factor was the participation of board members in gathering, analyzing, and reporting data. A key challenging factor was a lack of cooperation from some agencies in providing necessary data. One board member spoke about agency staffs’ fear of publicizing data that might be viewed negatively. That member also mentioned that before strong relationships had been developed among agencies, some agency staffs did not put forth much effort to assist in the data collection process. As the prevention board’s reputation grew, and as trust developed among the agencies, these factors have been minimized.

Implementation of Prevention Efforts

The implementation of prevention efforts includes initiating prevention services and activities and identifying and leveraging other resources for prevention. The remainder of this section describes the implementation process for the Title V/CTC initiative in Northampton County from 1998 through 2000.

The city of Easton was the official Title V applicant, and the lead agency was the ProJeCt of Easton (whose director led the planning efforts), a local nonprofit human services agency. Northampton County was awarded a 3-year Title V grant for the period February 1998–January 2001 in the amount of \$168,000. This was matched by \$100,545 in local funds for a total budget of \$268,545. In Northampton County, the initiative funded by Title V was identified as the Communities That Care initiative. The initiative did not identify with the term “Title V.”

The Northampton County Title V/CTC initiative is summarized in project documents as follows:

Title V Juvenile Delinquency Prevention Funds through the Pennsylvania Commission on Crime and Delinquency will support a full-time project director who is responsible for the organizing efforts of the prevention board. It is anticipated that the organizing efforts will lead to a more effective use of current local resources and will be able to attract and effectively utilize additional funding. Also, this position will provide outcome-based evaluations for current drug, alcohol and delinquency prevention efforts.

This approach seems to be based on the community mobilization strategy described in Communities That Care’s promising approaches training manual, although this is not explicitly stated in project documents.

The project director, known in Easton as the community mobilizer, coordinated the implementation of the entire Title V initiative. The prevention board was also integrally involved in this phase. Program committees provided both guidance and assistance to the designated programs, while the full prevention board provided general oversight for all programs. The following sections describe the activities of the community mobilizer and the prevention strategies that were implemented.

Community Mobilizer

The Northampton County Title V/CTC initiative centered around the position of the community mobilizer. This position carried out functions related to:

- ❖ **Board management**, including recruiting members, preparing agendas and meeting minutes, and facilitating meetings.
- ❖ **Program collaboration**, including representing Title V/CTC on other community coalitions.
- ❖ **Program coordination**, including sharing Title V/CTC risk and resource assessment data with other agencies to facilitate better program planning.

- ❖ **Program activities**, including overseeing all Title V/CTC programs and assisting with various program tasks.
- ❖ **Public relations**, including writing press releases and creating brochures.
- ❖ **Evaluation**, including gathering data and consulting with the evaluation contractors.

The first community mobilizer worked in the position from March 1998 (one month after the award) through March 1999 and remained a member of the prevention board afterward. The second worked in the position from March 1999 to April 2000, remained as a member of the prevention board, and has returned periodically to work part-time on the Adopt A Class project. The third community mobilizer (formerly a Title V program staff member) took the position in May 2000 and has remained since then.

Prevention Strategies

The Northampton County community proposed to implement a number of prevention strategies to address identified risk factors. Not all planned activities were implemented, and one activity that had not been originally planned was implemented. An implementation timeline and descriptions of their programs are presented in figure 5.3.

Figure 5.3: Implementation Timeline for Title V Programs in Northampton County

Programs	Year 1				Year 2				Year 3			
Community policing (other/unplanned)												
Interactive Reading and Playtime												
Snugglies												
Adopt A Class												
Educating Children for Parenting												

Interactive Reading and Playtime

Interactive Reading and Playtime included two components: communitywide, 1-day events and Project L.E.A.P. Services began within a few months of receiving the grant award and were generally implemented as planned.

Three communitywide, 1-day events were held between June 1998 and March 2000. These events were implemented with the cooperation of many agencies and businesses that donated staff time, money, materials, and gifts. The events were free to area residents and focused on providing interactive activities for parents and children. Each event served between 100 and 150 participants, for a total of 300 to 450 participants. Project L.E.A.P., which stands for Literacy Embraced Actively by Preschoolers, comprised two three-event series held between the fall of 1998 and the summer of 2000. These events were targeted toward children in local daycare centers, primarily those that serve lower income residents. Books were given to the children, and fun activities were provided. Each event served between 25 and 45 preschoolers, for a total of 150 to 270 participants.

Snuglies

Two community clinics began distributing Snuggli baby carriers to mothers of newborns in early 1999, 1 year after receipt of the grant. That spring, the manufacturer recalled the product due to a defect. New Snugglies were received, and distribution began again near the end of 1999. Approximately 140 Snugglies were distributed altogether.

Adopt A Class

Adopt A Class is the largest of the Title V/CTC programs in Easton. It did not begin providing services, though, until the fall of 1999, more than a year and a half after the award was received. The program provided services to almost all fifth graders in one of the public middle schools during the 1999–2000 school year, and has continued providing services to this Class of 2007. The intent is to follow through with them through graduation from high school.

The largest component of Adopt A Class has been group mentoring for all students in the Class of 2007 for one class period per week. Volunteer mentors are recruited from community businesses, churches, social services agencies, and the general population. The Lehigh Valley Coalition for Children developed the Adopt A Class mentoring curriculum based on the Search Institute's Developmental Assets. During the first year of the program (the second year of the Title V grant), approximately 450 students in 25 classrooms were served. This model continued in the second year when the students were in sixth grade.

Peer Tutoring

In 1999, it was reported that Peer Tutoring, rather than being a separate program, would be considered a component of Adopt A Class. This did not occur during the Title V grant period, but occurred later. No mention has been made of involving the students in tobacco compliance checks as indicated in the grant application.

Educating Children for Parenting

Educating Children for Parenting is a pre-designed curriculum that involves teaching young students about child development to encourage them to grow up to be nurturing adults. Parents with infants are recruited as volunteers to visit classrooms once per month to talk about the development of their infants and the care required to raise them appropriately. Classroom teachers also incorporate these issues into other classroom activities. The curriculum was first used in one elementary school in the third year of the Title V grant, serving approximately 180 children in 10 kindergarten and first grade classrooms.

Other Strategies

Although not mentioned in the grant application, community policing was discussed in quarterly reports as a Title V/CTC activity during the first year of the grant period. The community mobilizer sat on a board meant to coordinate and publicize community policing efforts and helped organize and host a community forum to discuss this issue in early 1999. After that, however, no further mention was made.

Interviews indicate that the city mayor took this project under his auspices and no longer requested involvement from others.

Although Teen Parenting and Opportunities for Policymaking had been identified as strategies in the grant application, no activities occurred in these areas during the project's first year. Early in 1999, the timelines were revised to indicate that those activities would begin in the spring of that year, but nothing more happened. In the fall of 1999, the prevention board recommended postponing Teen Parenting indefinitely due to the demands of the work on the existing initiatives. Also in the fall of 1999, the committee chair of the Interactive Reading and Playtime program indicated that beginning some of the opportunities for policymaking activities during the third year had been considered; however, no activities occurred.

Identifying and Leveraging Other Resources for Prevention

Matching funds for Title V came from a variety of agencies, including the ProJeCt of Easton, Northampton County Children and Youth Services, Northampton County Drug and Alcohol Services, the Coalition for a Smoke-Free Valley, and the Easton Area School District. In addition, a Pennsylvania Commission on Crime and Delinquency grant was obtained to hire a mentor coordinator for Adopt A Class, and another commission grant under the Blueprints for Violence Prevention funded a life skills training program, which complements the Adopt A Class services, at the middle school.

Factors That Influenced Implementation of Prevention Strategies

Northampton County's experience with implementing strategies was fairly consistent with the Title V model. Although some strategies were research-based and some were not, all selected strategies were designed to meet unique needs as identified in the assessment. They implemented a combination of a system-level strategy (the community mobilizer) with direct programs to address both the coordination of services and to provide needed services. The following information discusses the factors that facilitated and hindered the community mobilizer's efforts and the initiative prevention strategies.

Universally, stakeholders mentioned the community mobilizer position as a primary factor in the successful implementation of the programs. "None of this would have happened if we hadn't had a community mobilizer."

One community mobilizer stated that key facilitating factors were the support of the lead agency and the prevention board's executive committee. "The administrative agency and the leadership here and the support and flexibility here to accommodate what I need, for me, has been the best factor to getting my job done."

One factor mentioned by board members that may have affected the efforts of the community mobilizer was the turnover in this position. They stated that some disruptions in work flow occurred, but otherwise the transitions were actually quite smooth. The fact that former community mobilizers have remained involved in the project has provided continuity and is seen as a testament to the dedication people feel to the Communities That Care process.

One challenging factor mentioned by some staff and prevention board members was the idea that the scope of proposed activities was too ambitious. Not all of the proposed activities were implemented, and many felt that to be successful, the resources of the initiative should be focused on a few of the most promising strategies. In addition to all of the planned activities, one community mobilizer said she was also presented with opportunities for other interesting projects: “. . . there’s so much fun stuff happening and I’d say ‘Yeah, I’d love to do that.’ And then . . . I’ve got to keep coming back to the focus And saying ‘Now, what are the prioritized things I want to do?’”

Factors identified as facilitating the success of the programs included adequate funding and community support, the latter of which was identified as particularly meaningful. Adopt A Class (and, to a lesser extent, Interactive Reading and Playtime and Educating Children for Parenting) relied heavily on volunteers and collaboration among agencies. These efforts resulted in widespread support for the programs.

The support of the school administration was mentioned as a particularly important factor in the success of Adopt A Class and Educating Children for Parenting—two school-based programs. Speaking about Adopt A Class, one key stakeholder stated:

the positive involvement of the school district from day one From the top down, the superintendent, the director of pupil services, building-level principals, guidance departments—all at the table. That kind of commitment to staff time for this project has been unheard of. Years ago, . . . the school district’s philosophy was “We’re here to educate the students. You social service types are over here to do your work” . . . So we’ve seen a complete turn about with that.

Challenging factors related to program implementation included mobilizing community support and logistics. Although they were ultimately quite successful in recruiting the necessary community volunteers and agency collaborators for the programs, community mobilizers stated that this effort initially required significant time and effort. In addition, coordinating the logistics for all of the programs proved challenging—scheduling meetings and events, obtaining needed resources and staff support, marketing the programs, and other logistical issues proved to be very complex tasks.

Monitoring and Evaluation

Monitoring and evaluation activities include conducting an evaluation of prevention strategies and of the whole initiative, and reassessing community indicators. The processes for the Title V/CTC initiative in Northampton County from 1998 through 2000 are described below.

The Easton Title V/CTC prevention board, lead agency, and community mobilizers were very supportive of evaluation efforts. Using matching funds from the Title V lead agency, the Easton Title V/CTC initiative contracted with two local evaluators in October 1998. The evaluation activities focused on the specific programs being implemented rather than on the entire process. The evaluators worked with the prevention board and the community mobilizer to develop program evaluation plans and instruments and did some analysis of survey results.

Monitoring and Evaluating Program Activities

Overall, attempts at program evaluation involved setting objectives and gathering and analyzing data. A description of the evaluation efforts for the programs implemented as part of the Title V/CTC initiative follows.

Interactive Reading and Playtime

No evaluations were conducted on the communitywide 1-day events, but process evaluations were conducted for the Project L.E.A.P. activities. These surveys found that all children who were given a book liked the book, read the book with their parents, and would like to read the book again.

Snuglies

Five goals had been set for the Snugli program. These goals were evaluated using postcard surveys delivered to the participants. Data were collected during three quarters (January–March 1999, April–June 1999, and January–March 2000). Four of the five goals were generally achieved. The results were as follows:

- ❖ **Goal:** 90 percent of infants in the program will not visit the hospital emergency room.
Result: Between 60 and 77 percent of the infants did not visit the emergency room.
- ❖ **Goal:** 95 percent of infants in the program will not be admitted to the hospital.
Result: Between 94 and 100 percent were not admitted.
- ❖ **Goal:** 95 percent of infants in the program will have appropriate height, weight, and head circumference measures.
Result: Between 93 and 100 percent had appropriate measures.
- ❖ **Goal:** 80 percent of infants in the program will have appropriate Early & Periodic Screening, Diagnosis & Treatment (EPSDT) exams.
Result: Between 87 and 100 percent had appropriate exams.
- ❖ **Goal:** 80 percent of infants in the program will have appropriate immunizations.
Result: Between 83 and 100 percent had appropriate immunizations.

Additional questions were asked during the last quarter of measurement. In this survey, 82 percent of mothers reported they felt closer to their newborn due to the Snugli use, and 50 percent of mothers with more than one child reported that they felt a difference in the level of closeness to the baby due to Snugli use.

Adopt A Class

Most evaluation resources were dedicated to the Adopt A Class program. The prevention board set desired outcomes for Adopt A Class in May 1999. There were 15 goals in all, including decreased suspension, expulsion, and dropout rates; decreased alcohol, tobacco, and other drug use; decreased teen

pregnancy and juvenile violence; increased youth asset counts; increased student achievement scores; increased levels of extracurricular and community activities; increased attendance rates; and increased parental involvement in the children's education.

In January 2001, near the end of the Title V grant period, a number of data collection activities were conducted that provided some evidence of the Adopt A Class program's success. These included implementation of the Pennsylvania Youth Survey and data from schools' grade, attendance, and volunteer activity records. Results included:

- ❖ Adopt A Class participants, during their fifth and sixth grade years, had fewer absences and higher GPAs compared to students in the same grade who did not participate in the program.
- ❖ Adopt A Class participants, during their sixth grade year, had higher GPAs than students from the previous sixth grade year, but they had more absences than the previous sixth grade students.
- ❖ Students who had participated in Adopt A Class for 2 years scored better on three measures of community involvement compared with students who had participated in the program for 1 year: a higher proportion of 2-year participants were doing volunteer work in the community, participating in community activities, and participating in sports activities.
- ❖ The Class of 2007 (which is served by Adopt A Class) scored lower on seven measures of antisocial activity in the Easton Youth Survey compared with the Class of 2006. These measures were the proportion of students who had attacked someone with intent to harm them, had been drunk or high at school, sold drugs, used marijuana, used tobacco, used alcohol, and been suspended from school.

In addition to these results, the math and reading scores from the Pennsylvania System of School Assessment test for the Class of 2007 were the highest in the past 5 years, and the participating middle school received a monetary award from the state for significantly increased attendance rates for the Class of 2007. Although these two accomplishments cannot be directly linked to the Adopt A Class program, they are notable achievements that may be related.

Educating Children for Parenting

No outcomes were set for this program during the Title V grant period. The long-term objectives are to decrease violence and increase sensitivity among youth.

Ongoing Assessment

In 2000, the community mobilizer gathered data to update the community needs and resources assessment for use in a continuation grant application. This was a considerable effort for one person, but it has provided the community with more current data regarding the needs of its youth. The findings from this effort resulted in the same priority risk factors being selected as were identified in the 1997 assessment, namely family management problems and early initiation of problem behaviors. The rationale for these selections is stated in the continuation grant application:

As CTC training sessions and personal experience make us aware, risk factors are not easily addressed in a few years. The process of identifying, addressing and reducing risk

factors—while improving protection factors—can be a long-term one. With this in mind, and with the risk and resource data presented herein, the community has identified the same risk factors as it did in its 1997 assessment.

In addition to this effort, data gathered from the Pennsylvania Youth Survey have provided the Easton Title V/CTC initiative with valuable information for use in ongoing program planning.

Community-Reported Impacts

Although no local evaluation of the entire Title V/CTC evaluation was conducted, interviews with stakeholders revealed their perspectives about the initiative’s impact on the community. Almost all prevention board members that were interviewed said the most exciting aspect of the initiative has been the success in achieving true collaboration, in contrast to earlier, failed attempts. They talked about how board members have set aside their turf issues and have truly acted as a collective body to address the common concerns and issues of Communities That Care. Members said agency staff are more likely to consult with one another when developing new programs. One board member stated “the singular best thing that having a prevention board did for Easton was to eliminate the sense of isolation that the individual member agencies would have had Definitely now there is a sense that the community has to do it all together or none of it is going to work.”

Stakeholders also reported higher levels of collaboration among agencies (especially the schools) and community members, primarily due to the involvement of community volunteers in the Adopt A Class and Educating Children for Parenting programs. They felt that Communities That Care was key to encouraging the school system’s commitment to community involvement. One stakeholder stated the new spirit of collaboration this way:

I really strongly think that Communities That Care has changed this community in the way people work together “Let’s help each other.” I think the mentality has changed. Which is big. I think that’s really, really big. And that’s the single biggest thing I think Communities That Care has done, is really the way people work together here.

Members who attended Title V/CTC trainings felt they were very helpful not only in teaching participants about the Title V model, but in encouraging commitment to it. One member stated “The board members . . . who went to any of those trainings or got involved in that early process understand what we’re about a lot more and are more likely to be involved. So those trainings are important.”

Some stakeholders also discussed the impact of the assessment activities. They stated that more agencies are now using data to target programs to identified needs. For example, the YMCA reviewed data from Title V/CTC’s needs assessment and determined that youth leadership activities were needed to address gaps in services. A number of stakeholders mentioned that staff in local agencies are increasingly aware of the value of needs assessments and are requesting the data gathered by the prevention board. One person stated:

Several times people have called us for [the data] because they’re beginning to understand that . . . assessing the problems within your community and then addressing those is the way that is going to be most effective People use it. People ask for it a

lot They're using it for grant applications And people want to share their own now.

One prevention board member reported that data gathered through the board were a facilitating factor in the successful citywide Weed & Seed grant application, some funds of which are supporting continuation of Title V strategies.

Factors That Influenced Evaluation and Monitoring

The Easton Title V/CTC staff and board members have expressed considerable interest in conducting meaningful program evaluations. They have made attempts to do so, but have struggled. One community mobilizer stated that, in retrospect, one thing that should have been done differently is to have stronger program evaluation strategies from the beginning—it has been difficult to document program achievements without strong evaluations from the start: “A lot of concern about evaluation, actually. That was a big one. We were having trouble deciding proper evaluation for a lot of our programs We wish we could do better.”

The local evaluators were helpful in accomplishing the program evaluation activities. Their assistance was sought in planning for program evaluations, designing survey instruments, and gathering and analyzing data.

One of the key factors facilitating the reassessment of communitywide risk factors was the strengthening of cooperation among agencies and the relationship between the prevention board and local agencies. The community mobilizer who completed the updated needs and resource assessment spoke of how easy it was for her to obtain data in comparison to the difficulties the earlier effort had posed:

when I called the chief of police and left a message on his machine saying “Could you please get these and give me a call back and tell me what officer to speak with?” he had it for me within two days. I spoke to the woman who did the original risk and resource assessment. She said it took her five months to get the information from the police. They didn't know us Now they have it ready So I had several instances like that where people understood why we wanted the data now, and they didn't think it was so much of a hassle to find it for us.

Institutionalization

Institutionalization of prevention efforts includes sustaining the key components of the initiative, meeting goals and objectives, and obtaining continuation funding for successful programs and strategies beyond the Title V grant. Northampton County's experiences with institutionalization during 2001, the first year after the termination of their Title V grant, are described below.

Status of Institutionalization

The Title V/CTC initiative has continued in Northampton County with funding from two grants: a 2-year grant from the Pennsylvania Commission on Crime and Delinquency through the Governor's Partnership for Children and a 3-year grant from the Weed & Seed initiative. These grants fund the community mobilizer position, the Adopt A Class program, and Educating Children for Parenting.

The prevention board, as it continues beyond the Title V grant, is embarking on a strategic planning process to focus its efforts. It is becoming more structured and is developing bylaws to govern itself. In addition, the prevention board committees are being restructured to address each of the four domains: community, school, family, and individual/peer.

In general, board members felt that the process was firmly grounded and would continue to play an integral role in the community's prevention efforts. One key community member stated, "From every sense I have from watching them in action, I don't see any signs of cracks. I see them still working together in the next year, 2 years, 3 years, whatever."

As noted, the community mobilizer position, the Adopt A Class program, and the Educating Children for Parenting program have continued beyond the Title V grant period with two additional grants. The community mobilizer position continues to function in much the same way it did during the Title V grant period—managing the prevention board, overseeing the programs, facilitating evaluation efforts, and reaching out to the community. The two continuation programs were selected based on their support in the community and their perceived potential for success. The prevention board elected not to seek funding to continue the other programs because it was unsure those programs were effective. It also believed that resources were better spent focusing on fewer programs. The two programs that were chosen have continued at the same level of implementation, and both have the potential for expansion as new funds are sought.

Evaluation of the Adopt A Class program is expected to continue with data gathered from school records and periodic youth surveys. With a grant from the Pugh Trust Fund, the Educating Children for Parenting program may be a pilot site for evaluation through the Educating Children for Parenting national organization.

Communitywide needs assessments continue with assistance from Lafayette College, a local university. The prevention board and a professor at the college have entered into an agreement through which students will gather and analyze data as part of their educational activities, and the prevention board will assist with this process and with reporting the data. In addition, the school district is now paying for and administering the youth survey, which also provides critical data for the assessment. All of these activities are coordinated by the community mobilizer.

Factors That Influenced Institutionalization

Overall, Easton has successfully institutionalized its Title V/CTC initiative. One key factor in this success is the collaboration among agencies. Stakeholders have said that agencies are more interested in working together and are more supportive of one another. This has impacted institutionalization of all of the phases. For example:

- ❖ The prevention board is continuing with commitment from many local agency staff.
- ❖ The assessment and planning activities are continuing with assistance from a local university.
- ❖ The implementation strategies are continuing with support from the schools, the original Title V lead agency, and members of the prevention board.

-
- ❖ Evaluation activities are continuing with more efficiency due to cooperation from local agencies in gathering data.

Another key to institutionalization is the community mobilizer position. This person is responsible for coordinating all activities, which many feel would not continue without this central person.

Funding has been identified as both a challenging and a facilitating factor. Considerable time and energy have been required to prepare grant applications to fund continuation, but the success of those applications has resulted in two primary continuation grants that are key to institutionalization.

Interpretation

Examining Easton's approaches to implementing the Title V model reveals that they were successful overall. Easton has displayed commitment to comprehensive delinquency prevention planning and services and has modified its approaches as needed. It has demonstrated successes in all phases of the model. The challenges were primarily in the areas of implementation and evaluation.

Easton's commitment to delinquency prevention planning is firmly rooted in the Communities That Care approach. Easton identified the Title V initiative as its Communities That Care initiative. This is not surprising in that the state of Pennsylvania's support is fully based on the Communities That Care training curriculum.

The process of community mobilization conducted by the Easton Title V/CTC initiative closely aligns with the Title V model. It successfully recruited key community leaders, human services agency staff, and others to participate in the initiative, and have continued the mobilization process by modifying the activities of the board as the initiative evolved. Members felt that this board and this process of planning and coordinating prevention activities had gained solid footing in the community and would continue to be an integral part of Easton's delinquency prevention efforts.

Of all the factors facilitating the success of the prevention board mentioned by community stakeholders, the one that stands out is the role of the community mobilizer. This position has been crucial in maintaining the board as an active, engaged group. Underlying this factor, though, are others that seem to have also been instrumental. The mobilizer's efforts may have been facilitated by the early training provided to board members—it provided guidance in how to engage in community planning activities. Although not all members participated in training, there seems to have been a "culture" among the group that involved commitment to the process. Another factor that may have been influential is the ongoing role of the board in program implementation. Board members had ongoing responsibilities to guide and oversee the strategies and that may have provided them with a sense of purpose and involvement.

The board experienced periods of both activity and inactivity; however, it has been able to rekindle interest and momentum to continue its work. The board has been involved in the Title V initiative since its inception, including assessment, planning, implementation, evaluation, and institutionalization. There seems to be enough commitment to this process to overcome challenges and continue these efforts for the foreseeable future.

The Easton community seems to have been quite successful in its assessment and planning activities. Its initial needs assessment was objective and thorough. The initial plan (the Title V grant application) was solidly based on the priority risk factors and included a number of strategies for promising approaches. Easton also updated its community needs assessment 3 years after the first one was completed for the Title V grant.

Factors that may have influenced its success in this area include its commitment to data-based assessment and community planning, and the relationships built among agencies through the prevention board. The prevention board, Title V lead agency, and community mobilizers seem to understand the value of documenting needs using objective data, and they have dedicated the necessary resources to do so. This commitment may have begun with the initial training sessions and the community's subsequent dedication to the Communities That Care approach. Updating the necessary data was made easier by the relationships developed among local agencies through their participation in the Title V/CTC initiative. This experience is consistent with the Title V model's assumption that mobilizing community members to gain "buy-in" for the process will facilitate planning efforts. Agency staffs initially had little to do with one another and were reluctant to share their data. After working together for a time on common issues (through the prevention board), and coming to understand the value of assessment and to trust the people leading the assessment efforts to use the data responsibly, agency staffs willingly shared their information.

The Easton Title V initiative enjoyed some successes and challenges with its implementation strategies. The employment of a community mobilizer to coordinate the work of the board and oversee the programs proved to be very successful. Interviews with board members and community mobilizers have indicated that this position has been critical to the success of the initiative. Without it, many do not feel that the work would have been accomplished to the degree that it was. It is interesting to note that the state recognized the value of the community mobilizer position and began directing its planning grants to this strategy.

One of the primary challenges related to the implementation strategies was the number and complexity of programs initially planned. The Title V application identified seven strategies. Only one was begun in the first year (Interactive Reading and Playtime); two in the second year (Adopt A Class and Snugglies), and one in the third year (Educating Children for Parenting). Two strategies were never implemented (Teen Parenting and Opportunities for Policymaking and Monitoring), and one was somewhat incorporated into another (Peer Tutoring became a part of Adopt A Class in the year after the Title V grant period ended). The result is that the initiative had much less time than 3 years to establish its programs, refine its implementation designs, and measure success before it had to start seeking additional funding. In retrospect, stakeholders felt that they should not have attempted to implement so many programs because they were not able to devote the needed resources and efforts toward any one of them.

In spite of this challenge, two of the programs have gained strong footing—Adopt A Class and Educating Children for Parenting. Both are school-based programs, and strong relationships with the schools have repeatedly been mentioned as a strength of the initiative. Both also involve recruitment of volunteers from the community, which has helped them gain community support. The Title V/CTC prevention board is committed to these two programs and is willing to focus its efforts on facilitating their success.

The evaluation component of the Title V model posed some of the greatest challenges for the Easton initiative. Challenges included the following:

- ❖ The lack of an evaluation plan for Educating Children for Parenting and the Interactive Reading and Playtime communitywide events.
- ❖ The lack of meaningful outcomes for the Interactive Reading and Playtime Project L.E.A.P. activities.
- ❖ Difficulties in measuring outcomes for Snuglies.
- ❖ Difficulties in establishing realistic, measurable outcomes for all programs.

One factor underlying these challenges may be a lack of resources due to the implementation of too many programs. Because the initiative had so many programs, it was difficult to provide resources to evaluate all of them. Evaluation efforts were primarily focused on the Adopt A Class program, which is the only one to produce meaningful, fairly reliable outcomes.

The primary challenges in evaluating the Adopt A Class program seem to be the high number and ambitiousness of the goals. Fifteen goals were identified, covering a wide range of expected behavior changes. Obtaining all the necessary data has been difficult, and linking the program activities to observed changes has been challenging.

Although the Easton initiative struggled with program evaluation, it seems to have had success in monitoring risk factors and delinquent behaviors on a larger scale. The efforts of the community mobilizer, the school's commitment to conducting the youth survey, and local agencies' willingness to share data all contributed to Easton's ability to update data on its risk factor indicators. A commitment to data-based needs and resource assessment is also a core factor.

The Easton Title V/CTC initiative has been successfully institutionalized, although it continues to be funded with time-limited grant funds. The prevention board continues and is evolving to meet newly identified needs. The assessment and planning (and evaluation) activities have been strengthened by a collaborative relationship with a local university. And its implementation efforts have been streamlined to focus on the community mobilizer and two promising programs. These processes seem to be firmly ingrained as Easton's delinquency prevention approach; the only apparent threat seems to be a possible loss of funding. It appears that the community's commitment to the process would withstand even a loss of funding.

Summary

Overall, Easton has achieved many successes with its Title V/CTC initiative. The community mobilizers, Title V lead agency director, and prevention board members seem to truly understand and have commitment to the Communities That Care principles. The successes they have experienced are encouraging and are an important factor in motivating them to continue their efforts.

Title V in Pennsylvania: Concluding Remarks

Overall, the national evaluation of Pennsylvania's experience implementing the Title V Community Prevention Grants program revealed many areas of strength, as well as some areas for improvement. The two communities participating in the national evaluation, Fayette and Northampton Counties, provided valuable information about community-level implementation of Title V.

To truly understand Pennsylvania's experience with Title V, it must be noted that Pennsylvania has remained committed to the Communities That Care curriculum for delinquency prevention strategies in spite of the federal Title V program's switch to a different curriculum. In Pennsylvania, Title V is a means to fund Communities That Care initiatives in the local communities.

In general, Pennsylvania's Title V request for proposals, required training curriculum, and available training and technical assistance provide strong foundations for communities' implementation of Title V/CTC initiatives. They set forth clear expectations and provide the necessary guidance for community members to learn about and implement the key principles of effective community-based delinquency prevention strategies. Both of the participating communities displayed evidence of their understanding of, and commitment to, these principles. Although the communities had different levels of success in some areas, stakeholders truly believed in the Title V/CTC ideals. Two common areas of success between the two communities are:

- ❖ Mobilizing local agency staff and community members to participate in a prevention policy board, incorporate Communities That Care principles into program planning, and get involved in local prevention activities.
- ❖ Conducting thorough, objective, data-based risk assessments to document needs and identify priority risk factors.

Both communities' initiatives centered on a coordinator who provided overall guidance and structure. This approach was recognized by the state as influencing success, and the state began formally supporting it through the use of planning grants to hire a coordinator during the planning phase who could continue into the implementation phase.

Although the two communities had varied levels of success in many areas, these variations seemed to largely rest on one key difference: the extent to which they focused or did not focus their efforts on a few targeted strategies. The community that narrowed its focus was more successful in implementation, evaluation, and institutionalization, whereas the community that did not was much less successful in these areas. Targeting efforts to fewer strategies enabled the more successful community to better define its initiative, evaluate and identify its successes, and justify the need for continued funding. The state may wish to strengthen its monitoring and feedback to communities to assist them in devising realistic plans that target their limited resources in a way that maximizes their opportunities for success.